

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/879220

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* 50 *		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51		1			
2							52	1				
3							53					
4							54					
5	1						55					
6							56	1				
7							57					
8							58					
9							59	cancel				
10	1						60					
11							61	1				
12							62					
13							63					
14							64	1				
15							65					
16							66					
17							67					
18							68					
19							69					
20							70	1				
21							71					
22							72	1				
23							73					
24							74					
25							75					
26	1						76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33	1						83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45		2					95					
46		2					96					
47		2					97					
48		2					98					
49		2					99					
50		1					100					
TOTAL IND.		↓		↓		↓	TOTAL IND.	11	↓		↓	
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	89	↓		↓	
TOTAL CLAIMS							TOTAL CLAIMS	100				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS